

up from the curbs in several US neighbourhoods during April and May 1993. Among 31 empty Marlboro packs recovered, the barcode had been stripped off 20. Only seven had the Marlboro Adventure Miles symbol intact. The remaining four had the unredeemable style of barcode. Assuming that all 20 packs from which the barcode had been stripped were Adventure Miles packs, the observed rate of participation among pack discarders (or scavengers) was 74%. The Camel Cash coupon had been removed from each of the five discarded Camel packs found. In contrast, all of the 52 discarded packs of other brands had an intact barcode.

These observations were corroborated recently by the report in the *Wall Street Journal* of a survey conducted by Philip Morris.³ Among adult smokers, 17% were participating in the Adventure Team promotion. Since Marlboro enjoys a 23% market share, this suggests that 74% of Marlboro smokers collect Adventure Team barcodes.

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1. Ballin S. Marlboro adventure team. *Tobacco Control* 1993; 2 (1): 43-4.
2. Koenen H-G. Marlboro Adventure Team fascination in the land of the cowboy. *Tobacco J Internatl* March/April 1993; 61-4.
3. Elliott S. Another tobacco company is trying to entice smokers with offerings of merchandise. *Wall Street Journal* May 28, 1993, D-15.



TEAM GEAR



STILL AVAILABLE.



The collaborative registry of smoking cessation trials

To the Editor – Over the past ten years there has been a significant increase in the number of randomised controlled trials comparing the effectiveness of different interventions in smoking cessation.

Recently, substantial progress has been made to assemble systematically, collate, and maintain a register of published and unpublished randomised controlled trials of smoking cessation interventions as part of an international collaboration to facilitate the assembly of a register of randomised controlled trials in all fields of health care.¹ Steps have now been taken to establish a prospective registry of planned or ongoing randomised controlled trials in the area of smoking cessation.

Over the next few months a number of researchers with experience in smoking cessation interventions will be approached to support this initiative. However, it is possible that some people who are working in this field and ought to be approached may be inadvertently missed.

We are therefore seeking the help of all researchers to ensure that a registration form is completed by the principal investigator for all randomised controlled trials of a smoking cessation intervention of which they may be aware, and which is currently in progress or substantially advanced in the planning stages. To be eligible for inclusion in the registry, a trial must (a) include at least two groups, (b)

use either a randomised or quasi-randomised method (eg, alternation, year of birth, etc) for allocation of the groups, and (c) be related to an aspect of smoking cessation. Trials examining abstinence rates, relapse prevention, withdrawal symptoms, training or encouraging health professionals in smoking cessation techniques, or any other aspect of smoking cessation research are all eligible for inclusion. If one is in doubt as to whether a trial is suitable for inclusion, we suggest that a registration form be completed.

Once the register has been assembled a copy will be distributed to all contributors, as well as published in summary form on an annual or biannual basis. The registry will not collect any trial result data or participant information. However, the existence of such a register may facilitate efforts to establish collaborative groups in the future who wish to undertake more detailed systematic reviews, similar to those in other fields.

Trial registration forms are available on request from the Registry Coordinating Centre at the following address:

Department of Public Health & Primary Care
Gibson Building
Radcliffe Infirmary
Oxford OX2 6HE
UK
(Tel: (44) 865 319 124; fax: (44) 865 310 545)

The registry would also appreciate being informed of any completed but unpublished

smoking cessation trials of which readers may be aware. No special form is provided for this purpose; however, any information provided will assist in up-dating our current register of completed trials and will ensure its comprehensiveness.

The success of the registry will depend on the extent to which researchers are willing to collaborate by providing information. Those who have comments or suggestions or who would like to discuss any aspect of the prospective registry should contact the Registry Coordinating Centre.

Members of Registry Advisory Committee

Dr G Fowler (UK), Chairman; Dr R Davis (USA), Sir R Doll (UK), Dr KO Fagerstrom (Sweden), Dr N Gray (Australia), Professor A Hirsch (France), Dr J Hollis (USA), Dr T Kottke (USA), Professor M Kunze (Austria), TS Llivina (Spain), Professor J McNeil (Australia), Professor R Peto (UK), Professor M Russell (UK), Professor R Sanson-Fisher (Australia), Dr C Silagy (UK).

CHRIS SILAGY
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GODFREY FOWLER
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1. Chalmers I, Dickersin K, Chalmers TC. Getting to grips with Archie Cochrane's agenda. *BMJ* 1992; 305: 786-8.